



TOWN OF FREMONT

Office of Selectmen

PO Box 120

Fremont NH 03044-0120

TELEPHONE (603) 895-2226

FACSIMILE (603) 895-3149

SUBSTITUTE FOR FORM W-9

Request for Taxpayer Identification Number

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to the Town of Fremont. If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

OWNER'S NAME _____

LEGAL BUSINESS NAME _____

ADDRESS _____

9 Digit Taxpayer Identification Number (ENTER ONLY ONE FORMAT-THAT WHICH YOU WANT US TO USE TO REPORT YOUR EARNINGS TO THE IRS)

SOCIAL SECURITY NUMBER ____ - ____ - ____

OR

FEDERAL EMPLOYER ID NUMBER ____ - ____

BUSINESS DESIGNATION (You may select more than one)

____ Individual ____ Sole Proprietorship ____ Partnership

____ Estate or Trust ____ Governmental Entity ____ Personal Service Corp

____ Corporation ____ Non-Profit Organization

PRINCIPAL BUSINESS ACTIVITY (List type of Service or Product Provided)

Under the penalties of perjury, I declare that the information provided is true, correct and complete to the best of my knowledge and belief.

Name and Title _____

Signature _____ Date _____

Phone _____ Fax _____